



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
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D4034-041

Job Sheet 199769



Part No: D4034-041

Job Qty: 4 pcs

Part Name: Aft Upper Rib Assembly



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 8/30/19

Job Tracking No:

Due Date: 9/20/19

Created By: Marie Lajeunesse

Type: Stock

Description:

Note: DWG REV C SHEETS 1,2 IPP RevA: new issue DD 09.11.23 verified by:EC IPP Rev:B as per dwg revA  
10.03.15 verified by:EC IPP Rev:C 11.01.19 AS PER DWG REV.B DD VERF:EC IPP Rev:D 13.03.14 AS PER  
DWG REV.pc1 DD VERF:JLM IPP REV:E 13.06.21 DWG REV.C DD VERF:JFS

Ship Via:

## Bill of Materials

## Job Routing

| Op<br>No | Operation              | Qty   | Start Date | Due<br>Date | Standard     |            | Workcenter/Supplier      |           | Sign-off |
|----------|------------------------|-------|------------|-------------|--------------|------------|--------------------------|-----------|----------|
|          |                        |       |            |             | Setup<br>Hrs | Run<br>Hrs | Workcenter / Supplier    | Lead Time |          |
| 100      | Large Fab - Basket - 1 | 4 pcs | 9/20/19    |             | 0.00         | 1.60       | Large Fab - 1            |           |          |
|          |                        |       |            |             |              |            | Large Fab - 10           |           |          |
|          |                        |       |            |             |              |            | Large Fab - 2            |           |          |
|          |                        |       |            |             |              |            | Large Fab - 3            |           |          |
|          |                        |       |            |             |              |            | Large Fab - 4            |           |          |
|          |                        |       |            |             |              |            | Large Fab - 5            |           |          |
|          |                        |       |            |             |              |            | Large Fab - 6            |           |          |
|          |                        |       |            |             |              |            | Large Fab - 7            |           |          |
|          |                        |       |            |             |              |            | Large Fab - 8            |           |          |
|          |                        |       |            |             |              |            | Large Fab - 9            |           |          |
|          |                        |       |            |             |              |            | Large Fab - 11 (Various) |           |          |
| 110      | QC 9                   | 4 pcs | 9/20/19    |             | 0.00         | 0.00       | QC 9 - 10                |           |          |
|          |                        |       |            |             |              |            | QC 9 - 18                |           |          |
|          |                        |       |            |             |              |            | QC 9 - 24                |           |          |
|          |                        |       |            |             |              |            | QC 9 - 43                |           |          |
|          |                        |       |            |             |              |            | QC 9 - 50                |           |          |
|          |                        |       |            |             |              |            | QC 9 - 9                 |           |          |
| 120      | QC 5                   | 4 pcs | 9/20/19    |             | 0.00         | 0.00       | QC 5 - 10                |           |          |
|          |                        |       |            |             |              |            | QC 5 - 12                |           |          |
|          |                        |       |            |             |              |            | QC 5 - 17                |           |          |
|          |                        |       |            |             |              |            | QC 5 - 18                |           |          |
|          |                        |       |            |             |              |            | QC 5 - 19                |           |          |
|          |                        |       |            |             |              |            | QC 5 - 22                |           |          |
|          |                        |       |            |             |              |            | QC 5 - 24                |           |          |
|          |                        |       |            |             |              |            | QC 5 - 3                 |           |          |
|          |                        |       |            |             |              |            | QC 5 - 43                |           |          |
|          |                        |       |            |             |              |            | QC 5 - 49                |           |          |
|          |                        |       |            |             |              |            | QC 5 - 51                |           |          |
|          |                        |       |            |             |              |            | QC 5 - 58                |           |          |
|          |                        |       |            |             |              |            | QC 5 - 68                |           |          |



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Container No: S219260



Part: D4034-041

Job No: 199769

Serial No/Batch: S219260

Revision:

Inspector:

Exp Date:

Instructions: Various S2

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|                                       |         |           |  |                        |                   |
|---------------------------------------|---------|-----------|--|------------------------|-------------------|
|                                       |         |           |  | QC 5 - 9               |                   |
|                                       |         |           |  | QC 5 - 50              | FL                |
|                                       |         |           |  | QC 5 - 30              |                   |
|                                       |         |           |  | QC 5 - 40              |                   |
|                                       |         |           |  | QC 5 - 61              |                   |
|                                       |         |           |  | QC 5 - 81              |                   |
| 130 Packaging 3-1 - Stock - B4B 4 pcs | 9/20/19 | 0.00 0.00 |  | Packaging 3 - 1 - B4B  |                   |
|                                       |         |           |  | Packaging 3 - 2 - B4B  |                   |
|                                       |         |           |  | Packaging 3 - 3 - B4B  |                   |
|                                       |         |           |  | Packaging 3 - 4 - B4B  |                   |
|                                       |         |           |  | Packaging 3 - 5 - B4B  |                   |
|                                       |         |           |  | Packaging 3 - 6 - B4B  |                   |
|                                       |         |           |  | Packaging 3 - 7 - B4B  |                   |
|                                       |         |           |  | Packaging 3 - 8 - B4B  |                   |
|                                       |         |           |  | Packaging 3 - 9 - B4B  |                   |
|                                       |         |           |  | Packaging 3 - 10 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 11 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 12 - B4B | FL                |
|                                       |         |           |  | Packaging 3 - 13 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 14 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 15 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 16 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 17 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 18 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 19 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 20 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 21 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 22 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 23 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 24 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 25 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 26 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 27 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 28 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 29 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 30 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 31 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 32 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 33 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 34 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 35 - B4B |                   |
|                                       |         |           |  | Packaging 3 - 36 - B4B |                   |
| 140 QC 21 - SA 4 pcs                  | 9/20/19 | 0.00 0.00 |  | QC 21 - SA - 21        | DAG               |
|                                       |         |           |  | QC 21 - SA - 70        | 21                |
|                                       |         |           |  | QC 21 - SA - 53        | 9-55 OCT 8 3 2019 |

Part Op 100 - (Weld per dwg A/R S.S. rod Batch: 139015) 1- Assemble ribs to hoop and weld as per dwg DT9564 2- Weld  
 Descriptions: bushing in rib and grind weld flush as per dwg  
 110 - (QC9- Inspect visual per QSI004- Fusion Welds)  
 120 - (QC5- Inspect part completeness to step on W/O)  
 130 - (Identify as per dwg & Stock Location: WA004) LOCATION: WA004-5  
 140 - (QC21- Final Inspection - Work Order Release)

#012224

## Job BOM

| Part / Item | Component Name | Quantity      | Operation                  | Container |
|-------------|----------------|---------------|----------------------------|-----------|
| D4021-7     | Hoop           | 4 pcs (1 ea)  | 100-Large Fab - Basket - 1 | 5212094   |
| D4021-9     | Bushing        | 16 pcs (4 ea) | 100-Large Fab - Basket - 1 | 5210140   |
| D4034-1     | Rib            | 4 pcs (1 ea)  | 100-Large Fab - Basket - 1 | 5214565   |
| D4034-3     | Rib            | 4 pcs (1 ea)  | 100-Large Fab - Basket - 1 | 5216430   |

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| Job Allocations                    |                |          |           |           |
|------------------------------------|----------------|----------|-----------|-----------|
| Operation                          | Component Part | Required | Inventory | Allocated |
| 100-Large Fab - Basket - 1         | D4021-7        | 4        | 0         | 0         |
|                                    | D4021-9        | 16       | 187       | 0         |
|                                    | D4034-1        | 4        | 22        | 0         |
|                                    | D4034-3        | 4        | 22        | 0         |
| Part Specifications                |                |          |           |           |
| Specifications could not be found. |                |          |           |           |

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**WORK ORDER NON-CONFORMANCE / ROUTE UPDATE**

**NCR No.**

Route update only

|                                  |             |                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|----------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Job: _____<br>Part No. _____     |             | <b>DISPOSITION</b><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> |  | <b>DEPARTMENT/PROCESS</b><br>Skid-tube <input type="checkbox"/> Cross tube <input type="checkbox"/> Eng. (Non-AW) <input type="checkbox"/><br>Machining <input type="checkbox"/> Small Fab <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/><br>Large Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/><br>Engineering <input type="checkbox"/><br>Water Jet <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Quality <input type="checkbox"/> |  |  |  |
| Date :                           | Sequence #: | QTY Affected :                                                                                                                |  | MRB (QS1042)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Description Work Order Deviation |             | Disposition                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|                                  |             |                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|                                  |             |                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|                                  |             | Completed By                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|                                  |             | Lead hand / Supervisor                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|                                  |             | QC / QA Coordinator                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |  |  |  |  |  |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--|--|--|--|--|--|--|--|------------------------------------------|----------------------------------------|-------------------------------------------|-------------------------------------------|----------------------------------|------------------------------------------------|----------------------------------------|--------------------------------------------|-----------------------------------|------------------------------------|------------------------------------------|----------------------------------|---------------------------------|-----------------------------------------------|-------------------------------|---------------------------------|-------------------------------------------------------|----------------------------------------------------------|---------------------------------------------|--------------------------------------------|----------------------------------------|--------------------------------------|------------------------------------------|----------------------------------|-------------------------------------|---------------------------------------|-----------------------------------------|--|
| <b>Root Cause</b><br>Operator <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Preservation <input type="checkbox"/><br>Material <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Human Factors <input type="checkbox"/> |                                                          | <b>FAULT CATEGORY</b><br><table border="0"> <tr> <td><input type="checkbox"/> Pressure/Forced</td> <td><input type="checkbox"/> Contamination</td> <td><input type="checkbox"/> Power Loss/Surge</td> <td><input type="checkbox"/> Positioned Wrong</td> </tr> <tr> <td><input type="checkbox"/> Bending</td> <td><input type="checkbox"/> Misaligned/off center</td> <td><input type="checkbox"/> Folio/Program</td> <td><input type="checkbox"/> Outside Tolerance</td> </tr> <tr> <td><input type="checkbox"/> Crushing</td> <td><input type="checkbox"/> BOM/Route</td> <td><input type="checkbox"/> Grain Direction</td> <td><input type="checkbox"/> Drawing</td> </tr> <tr> <td><input type="checkbox"/> Cracks</td> <td><input type="checkbox"/> Broken/Damage/Defect</td> <td><input type="checkbox"/> Weld</td> <td><input type="checkbox"/> Finish</td> </tr> <tr> <td><input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist</td> <td><input type="checkbox"/> Incomplete/Unclear Instructions</td> <td><input type="checkbox"/> Wrong Stock Pulled</td> <td><input type="checkbox"/> Part Lost/Missing</td> </tr> <tr> <td><input type="checkbox"/> Marks/Chatter</td> <td><input type="checkbox"/> Drill Holes</td> <td><input type="checkbox"/> Out of Sequence</td> <td><input type="checkbox"/> Misread</td> </tr> <tr> <td><input type="checkbox"/> Mislabeled</td> <td><input type="checkbox"/> Fit/Function</td> <td><input type="checkbox"/> Off-set/Set-up</td> <td></td> </tr> </table> |                                            |  |  |  |  |  |  |  |  | <input type="checkbox"/> Pressure/Forced | <input type="checkbox"/> Contamination | <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Positioned Wrong | <input type="checkbox"/> Bending | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Folio/Program | <input type="checkbox"/> Outside Tolerance | <input type="checkbox"/> Crushing | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Grain Direction | <input type="checkbox"/> Drawing | <input type="checkbox"/> Cracks | <input type="checkbox"/> Broken/Damage/Defect | <input type="checkbox"/> Weld | <input type="checkbox"/> Finish | <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist | <input type="checkbox"/> Incomplete/Unclear Instructions | <input type="checkbox"/> Wrong Stock Pulled | <input type="checkbox"/> Part Lost/Missing | <input type="checkbox"/> Marks/Chatter | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Misread | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Off-set/Set-up |  |
| <input type="checkbox"/> Pressure/Forced                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Contamination                   | <input type="checkbox"/> Power Loss/Surge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Positioned Wrong  |  |  |  |  |  |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Bending                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Misaligned/off center           | <input type="checkbox"/> Folio/Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Outside Tolerance |  |  |  |  |  |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Crushing                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> BOM/Route                       | <input type="checkbox"/> Grain Direction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Drawing           |  |  |  |  |  |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Cracks                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Broken/Damage/Defect            | <input type="checkbox"/> Weld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Finish            |  |  |  |  |  |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Incomplete/Unclear Instructions | <input type="checkbox"/> Wrong Stock Pulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Part Lost/Missing |  |  |  |  |  |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Marks/Chatter                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Drill Holes                     | <input type="checkbox"/> Out of Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Misread           |  |  |  |  |  |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Mislabeled                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Fit/Function                    | <input type="checkbox"/> Off-set/Set-up                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |  |  |  |  |  |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                          | Other/Details:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |  |  |  |  |  |  |  |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |